10800027496

(Re	equestor's Name)			
(Address)				
(Address)				
(Ci	ty/State/Zip/Phone	<i>→</i> #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
. (Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



500151440045

04/22/09--01020--003 **35.00



S. HAWKES MAY 1 4 2009 EXAMINER





April 27, 2009

MARICELIS MONTIEL 1515 SW 127 CT MIAMI, FL 33184

SUBJECT: GEMCAP INVESTMENTS, LLC

Ref. Number: L08000027496

We have received your document for GEMCAP INVESTMENTS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Letter Number: 209A00014096

Suzanne Hawkes Regulatory Specialist II

COVER LETTER

Division of Corporations	
SUBJECT: Gence Incestration (Name of Limited Liability)	North LLC. lity Company)
The enclosed member, managing member or manage filing.	er resignation and fee(s) are submitted for
Please return all correspondence concerning this mat	ter to:
Maniculis Monthsol, (Contact Person)	
Gence Investments (Firm/Company)	SLLC
1515 5 (Address) C4.	
Momi FC 38184. (City/State and Zip Code)	
For further information concerning this matter, please	
Maricelis Montrice at (Area (Area)	No 208 - 2296 a Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flo	orida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS



RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

1. The name of the	limited liability company as	it appears on the records of	of the Florida Department
of State is: 6	emop Investi	ments LLC	·
2. This limited liab	ility company was organized	under the laws of:	
Florida	•	·	
3. The Florida docu	ument/registration number of 027496	this limited liability comp	any is:
4. I, Michel (Print N	Marreyo lame of Person Resigning)	, hereby resign as a	Manager (Print Title)
of this limited lial resignation in wr	bility company and affirm the iting.	e limited liability company	has been notified of my
Signature of Resi	igning Member, Managing M	ember or Manager	
Filing Fee:	\$25.00 (Required)		
_	\$30.00 (Optional)		